

KOCH'S REMEDY IN RELATION SPECIALLY TO THROAT CONSUMPTION. By LENNOX BROWNE, F.R.C.S. Ed. Illustrated by 31 cases and by 50 original engravings and diagrams. 8vo. pp. 114. London and Philadelphia: Lea Bros. & Co., 1891.

THAT a considerable monograph, based upon personal observations of 31 patients—14 seen under Gerhardt's care and 8 under Krause's in Berlin, and 9 under his own care—and copiously illustrated by laryngoscopic drawings and temperature charts, should have appeared as early as January, is an evidence of great assiduity on the part of the author, and, whatever be the outcome of the treatment, the effort will command appreciation for all time, for the accuracy with which the changes noted have been described and illustrated.

Beginning with a review of the author's previously published opinions on tuberculous laryngitis, in which he contended for the possibility of its existence as a primary lesion long before the fact had been demonstrated, Mr. Browne adds, as corollary to Virchow's statement, that the larynx is the most appropriate organ for the study of true tubercle, that it is also the most appropriate and convenient site for accurate observation of the various stages of its development toward reparation which takes place under Koch's treatment. He endeavors to show, step by step, that every stage in the life-history of the disease, which may extend over many months, or even years, can, under Koch's treatment, be developed and be compressed into a space of a few days, or, at most, of a few weeks. Not only this, but that reparation of ulcers and necroses may take place with amazing rapidity as recognizable in a series of laryngoscopic images observed from day to day.

While points of similarity occur in the natural evolution of the disease and in the evolution induced by the Koch treatment, there are a number of differences, the knowledge of which is important. Instead of the pallor peculiar to the natural form of the disease, reddening of the surface is produced under the injections, sometimes to an intense degree, and in some cases to such an extent as would lead to error in diagnosis by one ignorant of the treatment. Interarytenoid tumefaction, pyriform infiltration of the arytenoid regions, and the horseshoe and turban-shaped tumefactions of the epiglottis take place in the modified or induced laryngeal tuberculosis of the injection treatment, as they do in the natural evolution of the disease. In addition, infiltration often occurs lower down the larynx, not only in the ventricular bands, in the vocal bands, or directly beneath, leading to constriction of the lumen of the larynx as in the natural form, but with a levelling, as it were, of the horizontal planes of the larynx, so that the swollen ventricular band is almost on a line with the ary-epiglottic fold; while there is obscuration of the natural lines of definition and contour of the various component intra-laryngeal structures. These conditions lead to a stenosis which is one of the dangers to be apprehended as an immediate reactionary result of an injection, not always to be avoided even by very small or by slowly increased quantities of the remedy, or by its infrequent repetition. The gravity of this condition, however, is stated to have been grossly exaggerated. Ulcerations occurring under Koch treatment in the process of elimination of the necrotic tissues are rarely active at more than one or

two points. Their color is at first white or whitish-gray with intensely red areolas, changing to pale yellow in a day, not unlike the appearance of the lenticular ulcer seen in connection with the exanthemata as well as with tuberculosis. Ulcerations in progress when the treatment is instituted become redder and are bathed in liquid pus for a day or two, after which they become cleaner and show a tendency to repair, though cicatrization is less rapid than is the case with erosions induced by the treatment. The rapidity of the process seems to account for the fact that perichondrial inflammation does not appear to progress to death of the cartilage. On the other hand, ulceration of the epiglottis at least has been seen to undergo arrest, and has been known to have undergone partial repair. Occasionally an area of disease has been aroused in the trachea.

The subjective symptoms, hoarseness, loss of voice, dysphagia, and suffocative dyspnoea may each and all be induced and subside with impressively distinctive rapidity. Extreme sensibility to laryngoscopic examination diminishes under the Koch treatment as does pain attending glutition. Mr. Lennox Browne would select those cases for treatment in which the pulmonary lesions were as chronic or limited as possible. He alludes to the risk of developing severe pulmonary complications, to arousing a latent pulmonary infiltration or the recrudescence of a lesion believed to have been healed. The existence of fibroid changes in the lungs would contra-indicate the treatment, or at least indicate great care in its employment.

The cases which form the basis of the observations recorded are described with more or less detail, and are largely illustrated by laryngoscopic pictures. It can hardly be conceded, however, that the results are encouraging enough to justify the conclusions of the author that they warrant perseverance in pursuing the treatment, even provided that due caution be exercised in the selection of patients and in every detail of administration.

There is much argumentative and instructive matter of general interest in connection with tuberculosis and its reaction under the tuberculin, the subject-matter of which must now be so familiar to our readers as to render further allusion to it superfluous.

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THE PROCLIVITY OF WOMEN TO CANCEROUS DISEASES AND TO CERTAIN BENIGN TUMORS, WITH AN APPENDIX ON HEREDITY AS A CAUSE OF CANCER. By HERBERT SNOW, M.D. Lond., etc. Pp. 58. London: J. & A. Churchill, 1891.

THIS little brochure is a lecture delivered at the London Cancer Hospital by one of the attending surgeons. The facts presented, while not especially new, are interesting and suggestive. Statistics form a prominent feature of the argument, and medical statistics, as Billings has conclusively shown, are only reliable when employed in a scientific manner.

The author's deductions are not all equally sound, since they may be divided into two classes: those resting upon a basis of fact, and those founded upon premises which are purely theoretical. We cannot deny